

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 387

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

35208

Registrar's No.

2213

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2113 Cherry Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary Jane Simpson.  
3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William J. Simpson 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Apr 17 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 30 . If less than one day  
hr. \_\_\_\_\_ min. 4

9. Birthplace England (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm Pickens 4  
13. Birthplace England (City, town, or county) (State or foreign country) 4  
14. Maiden name Mary Jane Cook 4  
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant William J. Simpson

(b) Address 2113 Cherry Ave.

17. (a) Burial (b) Date thereof 9/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave

19. (a) 9-17-48 (b) Carle A. Simpson  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2113 Cherry Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. 82 live on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cause unknown

Due to 2000

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

File at work \_\_\_\_\_ (Specify type of injury)  
(e) \_\_\_\_\_  
Signature \_\_\_\_\_ (M. D. or J. D.)  
Address Commissioner of Health Date signed 9-21-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

- If this body is not embalmed, fact should be so stated above.